

# Chlamydia/Gonorrhea Test Region X Infertility Prevention Project

**Client Name**

GREY AREAS: LAB USE ONLY

<i>Last</i>	<i>First</i>
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**Client Number**

**Clinician**

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**Date of Birth**

**Client Zip Code**


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**Date Specimen Collected**

**Specimen Site**


1 <input type="checkbox"/> Cervix	2 <input type="checkbox"/> Urethra
3 <input type="checkbox"/> Urine	7 <input type="checkbox"/> Rectal
4 <input type="checkbox"/> Other _____	

**Service Site**

**Client Sex**

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1  F  
2  M

**PROVIDER/CLINIC ADDRESS:**

**Lab Number**

**Date Received**

**CT/GC Test**

1  Probe      4  Cell Cult.      7  PCR  
8  SDA      10  SA      11  TC-TMA

**Test Results**

1  Unsatisfactory Specimen  
2  Negative CT      5  Negative GC  
3  Positive CT      6  Positive GC  
4  Equivocal CT      7  Equivocal GC

**Comments**

\_\_\_\_\_  
\_\_\_\_\_

**Date Reported**

**By**

**Medicaid No.**

--

**ICD Code**

--

Alaska State Public Health Laboratory - Anchorage  
4500 S Boniface Parkway, Anchorage, AK 99507-2170  
(907) 334-2100

LAB COPY

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VISIT TYPE (check one box only)

- 1  Family Planning    2  Prenatal    3  Primary Care    4  STD    5  Other

ETHNICITY:

- 1  Hispanic  
 2  Non-Hisp.

RACE: (check all that apply)

- 1  White  
 2  Black  
 3  Amer. Ind./AK Native  
 4  Asian  
 6  Hawaiian/Pac. Islander  
 5  Other

EXAMINATION: Client examined    0  Yes    1  No

FINDINGS: FEMALE

(check all that apply)

- Cervical Findings  
 1  Normal Appearance  
 3  **Mucopurulence**  
 4  **Friability**  
 5  **Ectopy with inflam/edema**  
 6  **PID**

FINDINGS: MALE

(check all that apply)

- Signs  
 8  Normal Appearance  
 9  Urethral Discharge  
 11  GC on Gram stain  
 12  Epididymitis

REASONS FOR VISIT: (patient-reported, check all that apply)

- 2  Routine Visit  
 1  Symptoms  
 13  STD Screening  
 4  **Exposed to CT**  
 19  **Exposed to GC**  
 7  Exposed to Other STD  
 12  Pregnancy Test Only  
 11  Rescreening: CT+  
 20  Rescreening: GC+

OTHER:

**Is this client pregnant?**

**1-Yes    2-No    3-Unk**

- IUD insert  
 Presumptive Tx for CT

- 

RISK HISTORY:

- Positive CT last 12 months**  
 2 or More Sex Partners (60 days)  
 New Sex Partner (60 days)  
**Symptomatic Partner** (60 days)  
 Condom used during last sex

**1-Yes    2-No    3-Unk**

- 

SYMPTOMS: (patient reported)

- 1  Abnormal Vaginal/Urethral Discharge

SEX WITH: 1  Men    2  Women    3  Both

Sex partner w/ concurrent sex partner last 12 months:    **Yes, definitely**    **Not sure, possibly**    **No, unlikely**  
 1     2     3

Note: Items in **bold** below the centerline are selective screening criteria for women

(revised 10/08) Alaska 2009

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**Client Name** GREY AREAS: LAB USE ONLY

<i>Last</i>	<i>First</i>
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<b>Client Number</b>	<b>Clinician</b>

<b>Date of Birth</b>	<b>Client Zip Code</b>

<b>Date Specimen Collected</b>	<b>Specimen Site</b>
	1 <input type="checkbox"/> Cervix    2 <input type="checkbox"/> Urethra 3 <input type="checkbox"/> Urine    7 <input type="checkbox"/> Rectal 4 <input type="checkbox"/> Other _____

<b>Service Site</b>	<b>Client Sex</b>
	1 <input type="checkbox"/> F 2 <input type="checkbox"/> M

**PROVIDER/CLINIC ADDRESS:**

<b>Lab Number</b>	<b>Date Received</b>

<b>CT/GC Test</b>	
1 <input type="checkbox"/> Probe	4 <input type="checkbox"/> Cell Cult.    7 <input type="checkbox"/> PCR
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<b>Test Results</b>	
1 <input type="checkbox"/> Unsatisfactory Specimen	
2 <input type="checkbox"/> Negative CT	5 <input type="checkbox"/> Negative GC
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Comments _____	
_____	

<b>Date Reported</b>	<b>By</b>

**Medicaid No.**

**ICD Code**

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<b>VISIT TYPE (check one box only)</b>																										
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4 <input type="checkbox"/> STD	5 <input type="checkbox"/> Other																									
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## Lab Slip Instructions

Please be sure that all items are completed and press firmly when completing the form.

**Client Name** Please print LAST NAME, FIRST NAME

**Client Number (required)** Write in client's unique identification number at your clinic.

**Date of Birth (required)** Write in the client's birth date, as two-digit month, two-digit day, and four-digit year.

**Date Specimen Collected (required)** Write in the date the client was tested for CT at the service site, as a two-digit month, two-digit day, and four-digit year.

**Service Site (required)** Write in the unique identification number for your clinic.

**Client Sex (required)** Check the appropriate box.

**Clinician Number** This is the code assigned to each clinician, as a clinician identifier.

**Client Zip Code** Enter the client's five-digit zip code.

**Specimen Site (required)** Mark the anatomical site from which the specimen is collected. If urine collected, check "Urine." If "Other," specify on the line.

**Provider/Clinic Address (required)** Fill in the complete address of your site on all three copies of the lab slip.

**Medicaid No.** If applicable, enter the client's Medicaid number in the box provided.

**ICD Code** Selected clinics are capturing codes for designating this service activity based on the International Classification of Diseases. Consult with your state coordinator for additional information on acceptable responses.

**Visit Type** Check the visit type that reflects the major focus/primary assessment of this visit. When a client is provided more than one service, check the type of service that was predominant. This field is reported by the provider.

**Ethnicity** Check "Hispanic" if the client indicates Hispanic ethnicity, including Mexican, Puerto Rican, Cuban, Central or South American or other Spanish-speaking origins.

**Race** Check all racial categories reported by the client; multiple responses are allowed. Definitions of racial categories can be found at [www.census.org](http://www.census.org).

**Reasons for Visit (required patient-reported, check all that apply)**

**Routine Visit** – any reproductive health exam not specifically for STD screening; for example, initial or annual gynecologic exam, primary care visit, regular health check-up or annual physical.

**Symptoms** – any physical symptoms.

**STD Screening** – any client who states "just want to get checked" or "want an STD test" or receives routine CT screening, such as a urine test, without pelvic or genital examination.

**Exposed to CT** – had sex with a partner known to have CT or was notified by a health care provider that they were exposed or a contact to chlamydia in the last 60 days.

**Exposed to GC** – had sex with a partner known to have GC or was notified by a health care provider that they were exposed or a contact to gonorrhea in the last 60 days.

**Exposed to Other STD** – had sex with a partner with an STD, not CT or GC, or was notified by a health care provider that they were exposed to an STD, not CT or GC, in the last 60 days.

**Pregnancy Test Only** – any female client seen at a clinic where the only service provided was a urine pregnancy test.

**Rescreening: CT+** – any client who returned for a CT test following a prior CT+ test result. Encourage client to rescreen within 3-6 months.

**Rescreening: GC+** – any client who returned for a GC test following a prior GC+ test result. Encourage client to rescreen within 3-6 months.

**Symptoms** Check box if client reports abnormal discharge.

**Sex With (Checked)** Check the sex of the client's sex partners in the last 12 months.

**Examination** If client receives a genital exam, check "Yes"; if client is not examined, check "No".

**Findings: Female (check all that apply)**

**Normal Appearance** – a normal appearing cervix or a cervix that does not include any of the CT-related signs listed below.

**Mucopurulence** – yellow or green discharge from the cervix (not the vagina).

**Friability** – easily induced bleeding with the first swab to touch the cervix.

**Ectopy with inflammation or edema** – swelling or erythema in the area of visible ectopy.

**PID (Pelvic Inflammatory Disease)** – signs associated with PID include cervical motion tenderness, uterine and adnexal fullness/thickening or pain.

**Findings: Male (check all that apply)**

**Normal Appearance** – normal appearing genitalia or genitalia that does not include any of the CT-related signs listed below.

**Urethral Discharge** – discolored or unusual discharge from the urethral meatus.

**GC on Gram stain** – the presence of gram-negative intracellular diplococci on a Gram stain.

**Epididymitis** – signs associated with epididymitis include unilateral scrotal pain and swelling.

**Is this client pregnant?** Ask every female client if she is pregnant. Check the appropriate response.

**IUD insert** Mark "Yes," if services at this visit were part of a clinical plan which will result in an IUD insert at some later visit.

**Presumptive Tx for CT** Mark "Yes," if the client received medication prior to laboratory confirmation of CT infection.

**Risk History** Ask every client each of the risk history questions. Check the appropriate response category.

**Note: Positive CT last 12 months** – check "Yes," if client reports or documentation exists of testing positive for CT in the last 12 months.

**Sex partner with concurrent sex partner** Ask client if any of their sex partners in the last 12 months had sex (of any type) with someone else while they were still in a sexual relationship with the client. Three possible answers: "yes, definitely"; "not sure, possibly"; and, "no, unlikely".

Send the white and pink copies of lab slip with the client specimen to the State Public Health Laboratory (SPHL). The lab retains the white 1/2 copy marked LAB COPY and sends the pink copy without a client name marked AHLERS COPY to the data processor. Keep the green copy marked CLINIC COPY for your records. Report of test results will be sent to your site via the SPHL printed report.